

Helping Behavior in the Workplace: Medications You Should Know About

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Course Objectives

- Discuss common behavioral and psychiatric problems known to be associated with Down Syndrome, Williams Syndrome, Pervasive Developmental Disorders/ASD, and Traumatic Brain Injury
- Discuss common medications including side effect profiles used to treat anxiety, obsessive-compulsive disorder, depression, bipolar disorder, psychotic disorders and attention deficit disorder

Down Syndrome

- Incidence: 1 out of every 700-1000 live birth
- Average IQ: 55 (about 10% have IQ in normal range)
- Common Behavioral Characteristics: amicable, obstinate, excellent visual memory
- Common psychiatric/behavioral challenges: anxiety, OCD, depression and dementia
- Less common: bipolar disease, psychotic disorders, conduct disorders, aggression and self injury

Williams Syndrome

- Incidence: 1 in 20,000 live births
- Average IQ: 50-60
- Common behavioral characteristics: sociability , friendly demeanor-no stranger anxiety, vulnerable to exploitation, problems with focus
- Common psychiatric challenges: ADHD, anxiety, specific phobias

PDD/Autism Spectrum Disorders

- Incidence: CDC estimates that 1 in 88 children has been identified with an autism spectrum disorder
- ASDs occur among all racial, ethnic, and socioeconomic groups
- ASDs are almost five times more common among boys than among girls

PDD/ASD

- ASDs tend to occur more often in people who have certain genetic or chromosomal conditions, i.e. approximately 10% of children with ASDs also have been identified as having Down syndrome, fragile X syndrome, tuberous sclerosis, or other genetic and chromosomal disorders.
- Average IQ: the majority (62%) of children identified as having ASDs did not have intellectual disability (CDC 2008)

PDD/ASD

- Common behavioral characteristics: qualitative impairment in social interaction, qualitative impairments in communication, restricted repetitive and stereotyped patterns of behavior, interests and activities
- Degree of impairment in each of these areas defines level of functioning
- Common psychiatric challenges: hyperactivity, aggression, tantrums, self injury, lack of social relatedness

Traumatic Brain Injury

- Incidence: Approximately 1.7 million people sustain a traumatic brain injury annually
- The severity of a TBI may range from “mild,” i.e., a brief change in mental status or consciousness to “severe,” i.e., an extended period of unconsciousness or amnesia after the injury (closed or open)
- The majority of TBIs that occur each year are concussions or other forms of mild TBI.²

TBI

- Potential Affects of Severe TBI include problems in the following areas:
- Cognitive Function (attention and memory)
- Emotion (depression, anxiety, aggression, impulse control and personality changes)
- Motor function (extremity weakness, impaired coordination and balance)
- Sensation (hearing, vision, impaired perception and touch)

Anxiety Disorders

- Diagnoses included: panic attacks, agoraphobia, panic disorder, phobias, social phobia, OCD, PTSD, Generalized Anxiety Disorder and Anxiety Disorder NOS
- Treated with medications from a number of different classes including anxiolytics/benzodiazepines, antidepressants, beta blockers, alpha-agonists)
- Drug choice depends on symptoms and symptom duration

Anxiety Medication Examples

- Benzodiazepines: klonopin, ativan, xanax, valium
- Atypical anxiolytic: buspar
- Antidepressants: SSRIs (prozac, zoloft, paxil, celexa, lexapro, luvox)
- Tricyclic antidepressants (anafranil/clomipramine)
- Blood pressure medications (clonidine, inderal)

Anti Anxiety Medication Side Effects

- Sedation
- GI upset
- Dry mouth
- Weight gain
- Insomnia
- Dizziness
- Forgetfulness
- Sexual dysfunction
- Possible suicidal ideation or worsening of suicidal ideation

Depressive Disorders

- Diagnoses included: major depressive disorder (single episode or recurrent type), dysthymic disorder, depressive disorder NOS
- Common medications used are antidepressant medications including SSRIs, NRIs, SNRIs, NDRIs, and atypical antidepressants

Antidepressant Medications

- SSRI-prozac, zoloft paxil, celexa, lexapro, luvox, viibryd
- SNRI-effexor, cymbalta
- NRI-strattera
- NDRI-wellbutrin
- Atypicals- remeron, desyrel
- Atypical antipsychotics as adjunct medication
- Common side effects: activation, sedation, nausea, sexual dysfunction, weight gain, black box warning regarding worsening of suicidal ideation

Bipolar/Mood Disorders

- Bipolar I disorder includes distinct periods of mania
- Bipolar II disorder is primarily a depressive disorder with periods of hypomania
- Cyclothymic Disorder
- Bipolar Disorder NOS,
- Mood disorder, NOS
- Common medications used to control symptoms: lithium, depakote, tegretol, lamictal, trileptal, topomax, risperdal, abilify, geodon, seroquel, zyprexa, antidepressant medication can also be used in combination with mood stabilizers to address depressive symptoms

Bipolar Medications Side Effect Profiles

- Lithium-sedation, thirst, GI upset, weight gain, hypothyroidism, headache, cognitive impairment, increased urination, acne, EKG changes, seizure
- Depakote-sedation, dizziness, drowsiness, blurred vision, lack of coordination, GI upset, rash, abnormal blood clotting, weight gain, hair loss, tremor, liver damage, pancreatitis, polycystic ovary disease

Bipolar Medications

Side Effect Profiles

- Tegretol- sedation, dizziness, drowsiness, blurred vision, lack of coordination, GI upset, rash, decreased red and white blood cell counts, cardiac abnormalities
- Lamictal- rash, sedation, fatigue, tremor
- Antipsychotic medications- sedation, appetite increase, weight gain, EPS, tardive dyskinesia, constipation, difficulty urinating, dry mouth, akathisia, dyslipidemia, sexual dysfunction, low blood pressure

Psychotic Disorders

- Disorders included: schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, brief psychotic disorder, shared psychotic disorder
- Medications used to treat psychotic disorders include low potency antipsychotics (thorazine, mellaril), high potency antipsychotics (prolixin, haldol, loxitane, moban, trilafton, orap, navane, stelazine) and atypical antipsychotic medications (abilify, risperdal, zyprexa, seroquel, geodon, clozaril, invega, fanapt, saphrism, latuda)

Antipsychotic Medication Side Effects

- Parkinson Like Side Effects- muscle rigidity, flat affect, tremors, slowed motor responses
- Akathisia – uncontrolled sense of inner restlessness
- Acute dystonias- muscle spasms, muscle contractions usually of the head and neck
- Tardive dyskinesia- involuntary sucking and smacking movements of the lips and mouth, and chorea in trunk and extremities
- Anticholinergic side effects- dry mouth, constipation, blurry vision, urinary hesitation and occasional delirium
- Weight gain/metabolic syndrome
- Cardiac changes: QTC interval changes

Attention Deficit Hyperactivity Disorder

- Disorders include: ADHD- inattentive type, ADHD- primarily hyperactive-impulsive type, ADHD NOS
- Medications used to treat ADHD: stimulants (ritalin, concerta, metadate, daytrana, focalin, dexadrine, vyvanse, adderall, provigil), antidepressants (wellbutrin, strattera) alpha agonists/BP medications (catapress, tenex)

ADHD Medication Side Effects

- Stimulants- headache, upset stomach, anxiety, decreased appetite, weight loss, initial insomnia, aggression
- Antidepressants/NRI/NDRI- dry mouth, constipation, nausea, insomnia, agitation, sweating, rash, hypertension
- Alpha agonists – drowsiness, emotional lability, orthostatic hypotension

Aggression

- Medications to treat aggression include: antipsychotics, anticonvulsants (depakote), beta blockers (inderal), buspar, clonidine, lithium, SSRIs
- Side effect profiles- previously described

Questions/Comments/ Case Study Discussion

THANK YOU!!

References

- The International Consensus Handbook: Psychotropic Medications and Developmental Disabilities by Steven Reiss and Michael G. Aman (Editors) 1998
- Demystifying Syndromes by Dorothy Griffiths, PhD and Robert King, M.D., F.R. C.P.C (Editors) 2004
- Essential Psychopharmacology: The Prescriber's Guide by Stephen M. Stahl 2008
- Clinical Psychopharmacology Made Ridiculously Simple 7th Edition by John Preston PsyD and James Johnson, MD 2012